This is a direct response to the investigation of complaints submitted to the Office of Special Counsel (OSC) on behalf of a whistleblower (a radiologist) at the Department of Veterans Affairs, at Carl Vinson VA medical Center, (hereafter the Medical Center) in Dublin Georgia. It is alleged that an employee at the Medical Center engaged in conduct that created a substantial and specific danger to public health and safety by requiring the whistleblower, to read magnetic resonance imaging (MRI) scans despite limited experience and training reviewing MRI exams, assigning him a reviewing station with display and picture archiving problems that was not configured for this type of examination, and falsely telling him that his work would be reviewed by experienced radiologist in MRI. The OMI conducted a site visit to the Medical Center on July 19-21, 2011.

The Under Secretary for Health requested the Office of the Medical Inspector (OMI) investigate complaints submitted to the Office of Special Counsel (OSC) by a whistleblower (a radiologist) at the Department of Veterans Affairs (VA) Carl Vinson VA Medical Center, Dublin, Georgia (hereafter, the Medical Center). The whistleblower alleges that employees at the Medical Center including the Chairman or Radiology and Nuclear Medicine (hereafter, the Chair) engaged in conduct that created a substantial and specific danger to public health and safety by: Requiring the whistle blower to review (read) Magnetic Resonance Imaging (MRI) scans despite his limited experience and training reviewing (reading) them.

Background information

Upon my arrival at the Medical facility, my tenure was highlighted by receiving misinformation and disinformation from the Chief. On March 05, 2009, I was informed over the phone by Dr. K. Austin who identified himself as a service line-manager that I had been accepted for the general radiologist for the position at the Medical Center. Dr. Austin indicated that he was to be deployed soon and the only remaining employment issue to be resolved was my rate of pay, and the recently selected Chair would negotiate the salary. I was subsequently contacted by the Chair who said that he wanted someone with prior MRI experience, as it was his long term vision to develop a comprehensive radiology program, eliminating the use of the nighthawk services in Atlanta and to

bring radiology residents to the facility for training. I was instructed that this comprehensive program would commence after the department recruited and fully trained 4 full time radiologists, and at that time, night call and weekends would be required. I was also queried about the total number of daily examinations that I can comfortably perform, as well as the maximum number of MRI examinations that I had interpreted in any 12-month period. I was ONLY questioned regarding the numbers of cases interpreted, and you will see that reflected in the carefully worded document attached. The title sentence in both documents clearly indicates that the only issue discussed was the number of examinations.

I was instructed on my very first day in the radiology department by Dr Kumar that it was against VA rules for me to speak to the associate Chief of Staff and especially the Chief of Staff about any problems that existed or developed in the radiology department at the Medical Center. I was further instructed that the physicians at the facility are instructed to report any problems related to my performance to the radiology Chief only, and he would be the conduit to relay all information to me.

When I arrived at the Medical Center, there was a fairly extensive and up-to-date radiology library, The bulk of the books had been left by another physician who had been gone from the facility for over 1 year. He left the facility abruptly because of local legal problems and has never returned. The books were with the standard radiology reference texts, I used these books because the MRI imaging was outstanding. When the Chief found me looking up a topic in a textbook, I was admonished and told that I was not being paid to read books and that I should already know what is in the books. He cautioned me about touching the books again. When he saw me look up something a second time, he took all radiology reference books in the department and locked them up in his office and currently none of the radiologists have access to the department reference books!

I discovered that the Chief was not a radiologist after being at the facility for about 1 month. His lack of experience in this area was important, because of the technical nature of my job, and barrier it presents to basic communications. The Chief presented himself as a radiologist, and it was only after the whistleblower had been at the facility for a month did he learn that the Chief was not a radiologist, and had no diagnostic radiology experience. This is an important fact because a

radiologist would be aware that MRI training was not assimilated into radiology training until the mid 1990's, and would know that workstations need to be configured for the particular modality to be interpreted. It is important because he would know that experience with some types of MRI exams does not translate into competence to read all types of MRI exams. The whistleblower was directed to read shoulder, knee, head and abdomen MRI exams, and when I told the Chief that I had no experience with these types of MRI's and was told "if you can read one kind of MRI, you can able to read them all". A radiologist would also know that regular CME and ongoing interpretations were essential, and 3-4 year hiatus in interpretation was not acceptable without additional training. Because of constant advances in radiology since residency training, there is a standard way that we radiologist gain experience in new modalities such as PET scanning, digital mammography, etc. The process is to attend a CME course focused on the modality of interest, have a review of a number of interpreted exams within a 6-month period (240 in the case of mammography) by radiologist experienced in the modality. This is a common practice in radiology and is the primary method used to be credentialed to interpret new technology. To suggest that this process of review is implausible is incorrect and demonstrates a basic lack of understanding about the specialty. There was an employee by the name of Shantay Stewart to threatened to file a charge of discrimination against the Chief, and she advise the Chief that the whisteblower was a witness to how she had been treated as an employee. It is known by all in the department that Shantay Stewart was in fact correct as he shouts at people, he is abusive and unprofessional in the he cuts you off, bangs his fist and abruptly ends meetings if he disagrees with your comment.

After my second month on the job, our only full-time radiologist left the facility and currently is employed by another VA facility. The day before Dr. Hessler left the Medical Center for the last time he pulled me aside and said to me confidentially "You should make plans to leave this facility as soon as possible. The Chief has made it clear to me that his intent is to destroy you"!

Requirement to read studies not credentialed

The Medical Center was very specific in its list of duties and complement of modalities that the whistleblower or any other radiologist was expected to perform as an employee at the Medical Center. After facility location, the complement of required modalities is most crucial piece of

information and the centerpiece of any radiology job announcement, and is the basis for vetting different facilities. The whistleblower was advised by the Chief that MRI interpretation was not a condition of employment, was not expected on arrival as part of the initial scope of services, and would be incorporated much later into all radiologist responsibilities at this facility; specifically after four full-time radiologists was recruited and radiology resident training was added. MRI was discussed as the future direction of the facility-not as part of the initial introduction to the facility.

When the whistleblower arrived at the Medical Center, the radiology staff consisted of 1.75 radiologists working. None of the radiologists had any experience in the interpretation of MRI examinations. I explained that my last MRI experience was in 2005, and that although I maintained a keen interest in MRI, my experience was dated.

I was never given an on-site interview of the facility and my first introduction to the department was on the first day of work. When I had made attempts prior to arriving, by asking the Chief what types of exams were performed, what is the volume of examinations, etc., he was unable to provide specific information. When I called the chief tech for information, she always deferred saying that she would check with the Chief before giving me any information. The unredacted report indicates that Medical Center had no reason to believe that I was not clinically competent to read MRI. When I arrived the center currently employed 1.75 radiologist and none of the existing radiologists were trained to interpret MRI examinations. The requirements for this position were very specific on the VAMC Dublin Title 38 Position announcement, and MRI was never mentioned as a required or desirable skill. When completing the credentialing form for radiology privileges for this position, MRI was not listed as a modality. In addition, a subsequent radiology position announcement for the Medical Center dated February 23, 2010- which is a full 7 months after I started, also did not include MRI on the list of required modalities. This frequently occurs when facilities want to offer a lower compensation package, then try to bump-up the level of responsibility at the end of the process in an effort to keep the compensation package low. (Att C)

Falsely indicating that my interpretation would be reviewed

My clinical privileges were fraudulently altered on the document dated May 07, 2009 without my

knowledge. The altered copy was addressed to me at the radiology department of the Medical Center. (Att A) I did not begin work until August 03, 2009, therefore would not have received any mail delivered to the department prior to the date, and did I not receive this document. I had already indicated that I had nominal MRI experience and that my experience was dated, and made numerous requests for additional training. I was told by the Chief that my cases were being reviewed and that my work was satisfactory. The Chief and The Deputy Chief of Staff on at least five different occasions provided unsolicited comments that my interpretations received favorable reviews from the staff. I continued to request additional training and was told that Augusta and Savannah were frequent sites for training radiologist, and the Chief said that he would arrange for me to go for at least 2 weeks to orient me to the VA's best practices of MRI's. When I insisted on knowing when this additional training would occur, I was told that based on the current studies being reviewed that my work was acceptable, and that I needed no additional training on the modalities that I was currently interpreting. If I wanted to interpret additional categories of examinations, then I would be sent for additional training.-something quite different than I was originally promised. I gave the OMI specific dates and times that I requested additional training of Dr. Kumar and Dr. Damineni and I was again told that my readings were satisfactory, and that I would be advised if additional training was needed (the dates that I documented, were August 20, 2009, August 28, 2009, September 17, 2009, and September 14, 2009.)

I am not familiar with the term a *fully trained radiologist*. There were already 1.75 certified by the American Board of Radiology trained radiologist that worked for the facility that did not read MRI-how can anyone come to the logical conclusion that someone applying for a position that did not specify MRI as a requirement, where the existing radiologist at the facility do not read MRI, and the ability to request MRI credentialing privileges was not included on the application would conclude that a radiologist would expect to perform MRI?

I trusted the Chief to be truthful with me, and I was not given accurate, objectively or timely information. It was because I knew that I was NOT credentialed to read MRI at Dublin that I followed the directions that I was given to read the cases that I was instructed would receive secondary reads- similar to the processes that I followed at another facility to get certified in mammography. I was told that this activity was in preparation for his ultimate goal of making the

facility self sufficient, and retaining as many studies in-house as possible and to provide radiology resident training. Once again, I was told that the department would first need to recruit at least 4 full time radiologists until this process was initiated. As a matter of fact, I noticed that some of my radiology MRI cases had been amended and addendums had been added(only MRI), so I believed that this practice was ongoing. The paradox of the comment by the committee that It was precisely because I knew that I was not credentialed to read MRI at the facility that I believe that my activities were covered and that my cases were being reviewed.

The Radiology Chief attempted to force me to interpret other examinations that I was not qualified to interpret, nor had hospital credentials to read on another occasion. (ATT B) On Friday, January 22, 2010 I was instructed to read a CT pulmonary angiogram on a patient suspected to have a pulmonary embolus which is a life threatening illness, although I was neither credentialed by The Medical Center to perform this exam, nor have I ever done an interpretation of this type of examination. I was initially handed a written request to interpret the examination by Bonnie West the chief radiology tech at about 3 PM. I returned the request to her immediately, and I told her that I had no experience with this type of procedure and instructed her to make other arrangements for interpretation of this exam. She said "I am going to give this case back to Dr. Kumar" About 1 hour later I received an e-mail from Dr. Kumar instructing me to interpret this case and give the report to Dr. Khan the referring physician. Let's be clear, this was the only time in my 8 month tenure at the Medical Center, that I ever received a patient request for interpretation by e-mail. After making attempts to contact the Chief and everyone that I could think of including the Chief, the Deputy Chief of Staff, the MOD, the referring physician, and the CT tech, I found the Chief leaving the parking lot of the Medical Center. When I told him that I was not credentialed nor had experience with this procedure, he told me "then write me a letter saying that you are incompetent" rolled up his car window and drove away. I attempted to insure that adequate arrangement were made for this patient before my departure from the facility
I wrote a letter complaining about inappropriate behavior of the Chief. The Medical facility immediately initiated a review of my MRI cases after the Chief received a copy of my letter regarding the patient with the pulmonary embolus. I believe that there was substantial and specific danger to the public health and safety because a patient was left after a stat procedure for a life threatening condition without a means to have the examination interpreted. The phone connection was down between Dublin VA and the ARC group that does all of our after hour and

weekend interpretations.

There is a direct correlation between his receipt of the e-mail and the investigation and subsequent review of my MRI cases. I sent the e-mail to the Chief of Radiology and Nuclear Medicine on February 08, 2010. T(Att B)his e-mail had actually been written and sent the day of the incident on January 22, 2010 but I was not aware that my box was full and my outgoing e-mail was suspended. At this time I had been at the facility working for about 7 months, I had been receiving satisfactory monthly OPPE reviews on ALL of the other categories of exams (plain films, CT's USG, and Fluoro). I was subsequently was advised that none of my MRI cases had been thru FPPE. I questioned this because I had been repeatedly told that my cases had been reviewed and evaluated for 7 months and deemed acceptable.

I was summoned to an ad hoc meeting with the MEC committee on February10, 2010. I was given a letter the afternoon of February 09, 2010 that there would be a meeting, and when I asked about the agenda, Dr. Finn the Medical Director told me that I would receive this information from the Chief. You can tell by the attached memos that I was not given any notice of the subject matter to be discussed during this meeting. It should be clearly stated that nothing regarding MRI's was addressed at this meeting with the MEC. When I arrived at the ad hoc meeting, Dr. Finn told me that the purpose of the meeting was because they could not verify some of my credentials. I instinctively knew that there was no logical reason to assemble 6-7 busy physicians for 1 hour to discuss a clerical error. After the meeting with the MEC, I met with the credentialing manager who called and verified my Fellowship training at the University of Tennessee. We received a fax confirming my credentials in less than 20 minutes! This meeting was tape recorded, and have requested a transcript, but it was never produced. This meeting occurred 2 days after the Chief received the February 08, 2010 e-mail from me, and believe that it was direct retaliation. I asked the then deputy Chief of staff Martin Traxler is this how you treat people when they provide feedback to a problem within the department? He looked at me and said "Yes."

I sent a separate letter describing the sequence of events to Dr. Finn on February 19, 2010, and received a one word response-Thanks. (Att E) (Att F)

There is another caveat. I have requested on at least 8 different occasions for the new reviews

since my return to Carl Vinson VA hospital August 2011,for the numerous (at least 4) 4 FPPE processes that I have been subjected to since returning to Carl Vinson VA. I have been repeatedly promised verbally and in writing that it would be provided, but I have yet to receive this important information. I would also like to request that the OSC secure the statistical information regarding the multiple FPPE's that I have been required to complete since my return. I believe that it will only continue to highlight that my information was intentionally skewed in retaliation. I believe when provided this information that it will prove that I was never performing at the dismal level that was initially reported, but there was a deliberate attempt to provide bogus information to force me from the position-this is clearly illegal!

Assigning a review station with display and picture archiving problems.

In relation to the statement that my workstation was comparable to other facilities within the VISN and found to be adequate for rendering reading by a nationally directed radiology review. Just because the ability to perform a function exists in the hardware, it must be configured to perform the function. You must also know how to extract and display the information at the workstation. This workstation nor any other workstations in this facility had ever been used for MRI interpretations before, and the IT staff was woefully inadequate to address the problems that I was having. Appropriate information was possibly delivered to the workstation, but we were unable to determine how to EXTRACT the information. Shortly after my arrival at the center, I had received a notification from the VA regarding archiving problems, and was unable to extract the same information that was displayed on the screen in the mobile MRI unit for the patients. (Att D). I asked The Chair if a dictation unit could be set up for me on the mobile MRI van so that I could dictate from the van so that I would be confident that my information was complete. I was told that it would not be done and to work with what I had!

The whisteblower was also unaware that MRI examinations had never previously been interpreted on- site at this facility. This crucial piece of information would have given some indication why the workstations were not configured for the interpretation of MRI examinations. Localizing markers and measurements could not be performed. I tried everything, and contacted IT on more than 15 occasions regarding the workstation. I was told to work with what I had.

There was absolutely no orientation to the workstation, imaging system, or the viewing station at the facility upon my arrival. I was assigned to shadow a contract radiologist who was in the preliminary stages of learning the system himself, and knew how to perform only the most basic of functions. He did not interpret MRI, and there was no one at the facility that could answer any of my questions regarding calibrations, measurements, and how to manipulate the images to extract the optimal information.

Four months after was put on administrative leave, a new radiologist was assigned to my previous workstation. He has indicated to me and will confirm that the unit was recalibrated and additional software was added on multiple occasions since his arrival. Your committee examined this workstation almost 8 months after this new radiologist started. This means that the workstation was examined 12 months after I was put on administrative leave, and 8 months after another user was assigned the station. The information provided in no way that the contradicts the fact that workstation was not configured to allow extraction of necessary information when I was using it. Both newly hired radiologists have formally complained about the existing suboptimal workstations, work environment, and about technical functions that we are unable to perform had no basis to question what I was being told.

This document further states that similar concerns were expressed by another radiologist who informed the OMI that if he was experiencing poor viewing capabilities he would not read the study but send the images to the contract radiologist for reading. I was already being instructed that the contract radiologists were reviewing my cases. Also that radiologist interviewed had already been informed of the problems that I had encountered at the Medical Center and I believe this this comment is neither objective or relevant

The workstation that I was assigned was previously assigned exclusively to the Chief to interpret nuclear medicine examinations, and was configured for that purpose.

Danger to public health and safety.

I am extremely concerned with the statistics given by the OMI regarding information in the report is that when the initial review was performed by the facility, they reviewed 24 plus 45 of the studies and reported the following statistics;

Agreed with 50% of x-rays

0% of ultrasounds

25 % of CT's

18% of MRI's

Overall agreement rate of 20 percent.

This is completely different from any review of my cases that I have received over the previous 25 years. I have had Medicare come in and review my cases in the past, with 100% accuracy. I have had other hospital films reviewed for years, and have never had scores of performance below 95%. I have been reviewed subsequently by the VA at least 4 times since my return from administrative leave, and never had any statistics remotely approaching these numbers, which indicates to me that there was a deliberate attempt to send cases to someone who would skew the results in a negative manner. It is my understanding that the MRI cases were sent to the ARC group that provides nighthawk coverage to the Dublin VA. This group would directly benefit financially if they were able to eliminate me as a direct competition that would allow ARC to read all of the MRI cases from the Medical Center. Because ARC gets paid per radiology case, they have a clear bias. I am requesting that the OSC find out who did this initial evaluation, determine his relationship with Dr. Kumar and ARC, and disclose his instructions from the person that referred these cases to him. I pointed this conflict of interest out to your examiners, but I am not convinced that they grasped the significance. There are two cases that were altered on 03/16/2010 by a Dr. Singh. Not only does this represent a conflict of interests, but may be fraud and abuse of government funds in the exhaustive review of cases that caused the department to run out of funds in the months of November and December, 2010.(Att G& H)

I would once again like to highlight the fact that since I started work on August 03, 2009 at Carl Vinson VA hospital, the cases that I interpreted were reviewed monthly by way of FPPE, and my work was deemed satisfactory. When this surprise move to put me on administrative leave occurred, there were already 7 months of FPPE results that indicated that I had satisfactorily completed all radiology interpretations. It was only after I recounted the incident with the Deputy Chief of Staff and sent an e-mail to the Chief questioning his decision to force me to interpret a Pulmonary CT angiogram, that this scheme to attack me on the basis of MRI scans was initiated So let's be clear, there was no sudden epiphany about my lack of skills because monthly FPPE's were

being done and were deemed acceptable. This was a calculated, concerted effort to discredit me because I refused to allow the Chief to once again force me to read examinations that I know that I knew were outside of my scope of practice.

It should raise considerable concern with your committee about the objectivity and inherent fairness of this process because other physicians who have worked with and are familiar refused to participate in the review process. Dr. Kumar is know as a difficult personality who has been bounced from department to department at this facility because of his inability to establish rapport, his strident behavioral patterns, and punitive administrative style. Members of the PSB felt uncomfortable serving on the committee, meetings were not scheduled, and the Chair of the committee resigned. The person, who initially indicated that they were uncomfortable with this process, was subsequently appointed Chair! It could not be determined if the committee met, and a year later, after the OMI site visit the committee refused to convene. This fact combined with the review of physicians of the results of 693 re-reads of specifically the CT scans and MRI scans show that only one case out of 693 cases was classified as having a significant or major effect on clinical outcome. This represents a 99% accuracy rate, and once again is in direct conflict with the initial assessment statistics given. Clearly this is not a coincidence! This means that 99% of the interpretations reviewed had no effect or minimal effect on patient care. The average accuracy of radiologist across the country is between 89% to 94%; a number that has been stable for the past 20 years. What a tragedy it would have been to vilify a physician and potentially end their professional career based on the numbers generated by someone who was vindictive and attempting to excoriate another physician's reputation. I take issue with a VA policy that allows physicians to be reported to the National Data Bank without a thorough, objective, and complete assessment of said physician with an opportunity for the physician to mount a defense. External to the VA system, a report from the National Data Bank on your record no matter how it is resolved, essentially means that you will be unable to establish hospital credentials for the remainder of your professional career. This is particularly ominous to hospital-based specialties such as radiology, pathology, and anesthesiology physicians. By reporting a finding that was not confirmed, and was contradicted by other evaluations, my professional career could have ended.

There have been numerous articles citing the profile of bad or incompetent physicians, who clearly should not be allowed to practice unsupervised Medicine. They are generally sued early and often

in their professional careers, and that medical errors tend to occur in patterns and in clusters. In the state of Florida for example it was documented that 3% of physicians were responsible for 48% of malpractice claims, and in Pennsylvania, 1% were responsible for 25% of claims.

I do not fit any of the patterns described in the profile of a bad physician. I have been a licensed physician for 35 years, and have never once been sued or named in a malpractice suit. I am very proud of my professional accomplishments, and I guard my professional reputation jealously. I have been active in Bluff City Medical Society, which was my local NMA affiliate society, where I received "Physician of the Year award" and served as President. I also received the President's award from the AMA affiliate society Memphis and Shelby County Medical Society. I was elected and served as President and Chairman of the Board of the National Medical Association, and have received numerous professional awards including being listed in Modern Physician magazine in the May 2007 edition as one of the 50 most influential Physician Executive in the country from a field of over 1700 physicians. I was also the first student ever selected by Howard University College of Medicine to enter as a full-time medical student after my sophomore year of undergraduate school. My professional reputation with my peers is impeccable!

Impact on my radiology practice at the facility

You will see in some of the attachments that will accompany this report that I have repeatedly requested an objective report of the findings of the 4 FPPE reviews that I have been subjected to since my return to practice at CVVAH in August 2011. I have received one positive response, which was not acted on. All other requests were met with silence. I believe that these statistics will only serve to further highlight that my professional interpretations are not only acceptable, and that it was virtually impossible for the initially reported statistics to be valid. (Att's I,J,K,L,M)

I have copies of MRI examinations that were edited or amended while I was reading cases in Dublin, which confirmed to me that these cases were being reviewed. When these examinations are reviewed today, all reference to them being amended is erased. You will see via the attachments that MRI scans on exhibits A and B were edited on 03/16/2010, but if you look into the computer today it says that the secondary read occurred August 10, 2010 by Dr. Singh. This is further proof

that my cases were being reviewed and edited as I have previously described.

It states on page 9 of the report that I said that I was uncomfortable with interpreting Veteran's injuries due to the complexity of the injuries. What I actually said was that the complexity and uniqueness of veteran's injuries was part of the entire spectrum of radiology practice in the VA system. The initial pushback that I expressed was due to the fact that I thought that the reviewing of MRI was to begin much later in my tenure, after the placement of a full complement of staff, and that I would initially be able to establish my initial scope of practice around the modalities that were listed in the job announcement.

Please note that the communication given to me regarding my productivity at the Carl Vinson VA center, MRI was not included as part of my productivity. The document is dated Oct 20, 2009, and it was not included. It was not until December 08, 2009 that MRI was considered part of my productivity at this facility.

I must once again revisit the terminology of a "fully trained radiologist" The facility already employed 1.75 radiologist when I arrived. Were they fully trained radiologists? There is no such animal. That is the purpose for the announcement for any radiology position; it lists specific modalities that they require as well as other modalities that they would like you to have experience with.

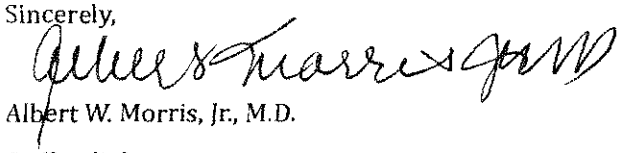
In conclusion I would like to thank you for the opportunity to respond to the previously prepared report that I found lacking in insightful conclusions. This has been the most difficult period in my professional career, and it is because I have been so careful over my professional career to maintain a stellar reputation that being in this position is very, very painful and humiliating.

There are some additional documents that I believe have significant implications for this case. They include a letter from the AFGA union at the Medical Center, issuing a formal objection to Dr. Kumar as a supervisor in November 12, 2009. A sample of the draconian and unsustainable conditions that the Medical Center tried to impose on me when I returned to work in August 2011 is outlined in the memorandum dated October 12, 2011. Among other things it provides for is that 100% of

my cases be reviewed, and 100% of my readings be correct for 120 working days. This is clearly unachievable and unsustainable. (Att N) The most recent document is a letter from the other three radiologist currently employed at Carl Vinson VA hospital addressed to the chief of staff regarding the Director of Radiology and Nuclear Medicine. I believe that it is self explanatory, and clearly and unequivocally states the problems that radiologist have endured working in this department. (Att O& P)

In addition, I am enclosing a letter indicating that after extensive FPPE review, that I have demonstrated acceptable competence to be placed on OPPE at the Medical facility (att 18). It should also be noted that as of April 02, 3012, the Chief has been removed as the Chief of radiology for a period of 90 days, so that a review of his actions can be made to make a determination to remove him from the facility per acting Chief of Radiology Dr. Girgis.

Sincerely,



Albert W. Morris, Jr., M.D.
Staff radiologist
Carl Vinson VA Medical Center

Attachments

1. FDA required physician qualification for mammography.
2. Initial Clinical Privileges application addressed to me at Carl Vinson VA Medical Center.
3. Copy of memo to Kumar written on Jan 22, 2010 but not received by him until Feb. 08, 2010.
4. Initial radiology announcement

5. Response to the annual number of cases that I have interpreted.
6. Memo regarding PACS display problems
7. Letter to Dr. Finn, Damineni
8. Ad Hoc MEC meeting 2 days after I sent memo to Kumar. I requested to know what topics would be discussed.
9. Evidence of report editing March 16, 2010 T5799
10. Report editing March 16, 2010 W2727.
11. Request for copies of my FPPE results since return to the Medical Center.
12. Request for FPPE results September 22, 2011
13. Request for results of FPPE since return to Medical Center November 21, 2011.
14. Request for FPPT Sept 07, 2011.
15. Memo FPPE Oct. 12, 2011
16. Copy of FPPE requirements upon return to facility.
17. Letter of Objection to Kumar as supervisor November 12, 2009.
18. Letter of no confidence January 30, 2012.
19. OPPE 12/28/12

TIMELINE

1981 Whistleblower completes general radiology residency at the University of Tennessee.
1982 Whistleblower completes Ct and Ultrasound Fellowship at the University of Tennessee.

1982-2009 Private practice of radiology including 19 years as the radiologist for Memphis Health Center.

4 Years as radiologist for Methodist Haywood Park hospital 1992-1995.
Radiologist for Baptist Forrest City hospital 2004-2005.
February 12, 2009 Credentialing and privileging initiated
March 05, 2009 Radiologist spoke with service line manager Austin Kirk and was told that he was selected as radiologist for the position.
03/25/09 Privilege application signed

04/20/09 Radiologist speaks with Chief of Radiology and Nuclear Medicine about the number of cases to be performed.

04/22/09 Letter indicated the number of case read in one year.

04/27/09 Letter indicating the number of cases of all types that I have read in one day.

05/04/09 Whistleblower appointed to Medical Staff

05/07/09 Copy of credentials sent to Carl Vinson Address-not to whistleblower!

08/03/09 Whistleblower reported to work

08/03/09 thru 01/30/10-monthly FPPE's were performed on whistleblowers examinations with all results being acceptable.

01/22/10. Chief of Radiology and Nuclear Medicine leaves whistleblower with patient and attempts to force him to read exam that he is neither credentialed or experience in. Chief leave the hospital grounds thereby abandonment of patient.

02/08/2010 Whistleblower sends letter to Chief of Radiology and Nuclear Medicine regarding incident of 01/22/2010.

02/09/2010 Ad hoc meeting of the MEC called. The purpose of this meeting was not disclosed. Dr. Finn told me that I would get that information from the Chief of Radiology and Nuclear Medicine.

02/10/10 sent letter to MEC requesting the purpose for today's meeting. It was never provided.

02/16/10 FPPE reported to MEC

04/05/10 Whistleblower sent home on AL

07/30/10 Clinical privileges suspended

09/13/10 Three VISN physicians for PSB

12/15.10 PSB changed

05/2/11Clinical privileges expired

07/23/11 Returned to work at the Medical Center

ACR AMERICAN COLLEGE OF RADIOLOGY
QUALITY IS OUR IMAGE

FDA-Required Physician Qualifications for Mammography - 10/31/2003

The Food and Drug Administration's (FDA) regulations that went into effect April 28, 1999, under the Mammography Quality Standards Act (MQSA) have a unique exemption that may impact whether a radiology resident may be qualified to legally interpret mammograms immediately upon completion of his or her residency training. In addition to licensure, certification (or formal training) and formal CME, the FDA requires that a physician interpret, under direct supervision, the mammograms from 240 patients in the six months immediately before he or she starts interpreting mammograms. However, if the physician passes his or her board exam in diagnostic radiology at the first allowable time, the FDA allows the interpretation of these 240 mammograms to be within a 6-month period anytime in the last two years of the residency program. A summary of the FDA requirements follows along with examples of documentation you must provide to your facility for the annual MQSA inspection. You can find more complete information on the FDA's MQSA regulations on the FDA Policy Guidance Help System at http://www.fda.gov/cdrh/mammography/robohelp/START.HTM.

Physician Qualifications for Interpreting Mammograms

(if initially qualified after the FDA's Final rules, April 28, 1999)

		Requirements	Documentation examples
Initial Qualifications	Credentials	1. State medical license, and 2. Board certification/initial training a. Board certification in diagnostic radiology (ABR, AOBR or RCPSC), or b. 3 months formal training in mammography	State license/copy with expiration date Letter from state licensing board Pocket card/copy of license Original/copy of certificate Letter from certifying board Letter from ACR Listing in ABMS directory Letters or other documents from US or Canadian residency programs (see sample below) Documentation of formal mammography training courses Category I CME certificates
	Initial Medical Education	60 hours category I CME Include instruction in interpretation of mammograms, breast anatomy, pathology, physiology, technical aspects of mammography, QA and QC 15 hours must have been obtained within 3 years of qualifying to interpret If obtained during residency, hours are acceptable if documented by program	Letter from residency program (see sample below) CME certificates Letter or other document confirming in-house or formal training (category I)
	Initial Experience	1. 240 exams under direct supervision in the 6 months before starting to interpret mammography, or 2. If physician passed boards at first allowable time, 240 exams under direct supervision in a 6-month period anytime during last 2 years of residency before starting to interpret mammography	Letter or other document from residency (see sample below) or training program or mammography facility – done under direct supervision
	New Modality	8 hours of training	Mammography modality specific CME certificate (category I or II) CME certificates (category I or II) plus agenda, course outline or syllabus Letters from CME granting organizations Letters, certificates or other documents from manufacturers or other formal training courses

ATTACHMENT

Final Mammography Quality Standards Act (MQSA) Regulations

Policy Guidance Help System – Search the MQSA requirements

DEPARTMENT OF VETERANS AFFAIRS
Carl Vinson Medical Center
Dublin GA 31021

May 07, 2009
ALBERT MORRIS, M.D.
Specialty & Ancillary Service Line/Full-time Radiologist
Carl Vinson VA Medical Center
1826 Veterans Boulevard
Dublin, GA 31021

Dear Dr. Morris

The Professional Standers Board for Credentialing and Privileging reviewed your request for initial appointment for clinical privileges as Full-time Radiologist Specialty & Ancillary Service Line., Carl Vinson VAMC, Dublin, GA. The Governing Body action is as follows:

APPROVED AS RECOMMENDED BY THE SERVICE LINE MANAGER

The original copy of your clinical privileges will be retained in the Quality Management Office. One copy of your approved clinical privileges is enclosed and an additional copy has been forwarded to your service.

The Medical Center Bylaws requires full documentation of continuing medical education at the time of reprivileging. The **continuing medical education credits must be related to the area and scope of your clinical privileges, and consistent with state licensure requirements.** During the next two years you should maintain a file of certificates for all continuing education in which you participate. You will be asked to either furnish these or a detailed description of the training and hours with your application for renewal of clinical privileges.

Per VHA Policy, MCM 00-371, Focused Professional Practice Review must be conducted on new medical staff members. This review will consist of your first 5 cases monthly times 2 months to be presented back to PSB/MEC Committee for evaluation.

Clinical privileges must be requested and reviewed biennially and submitted to the Governing Body through the Medical Executive Committee. You will be provided a new application package prior to the expiration of your current privileges. Your Clinical Privileges will expire May 03, 2011

Thank you for your service to our nation's veterans.

Sincerely,

JoAndreal Dixon
JoAndreal Dixon, MSM
Program Specialist (00QM)

Enclosure
cc: Specialty & Ancillary Service Line Manager

CARL VINSON VA MEDICAL CENTER
1826 VETERANS BOULEVARD
DUBLIN, GA

INITIAL CLINICAL PRIVILEGES APPLICATION

1. Name of Practitioner **MORRIS** (Last) **ALBERT** (First) **WALKER** (Middle)

2. Service Line/Specialty: **SPECIALTY & ANCILLARY SERVICE/RADIOLOGY**

3. Category of Staff Membership:

   (X) Staff-Full-time ( ) Staff-Part-time ( ) Consultant ( ) On-station Fee Basis
   ( ) Telemedicine ( ) MOD ( ) On-station Sharing Agreement
   ( ) On-station Contract ( ) CBOC –Contract (FULL-TIME)
   ( ) WOC

4. Request for Approval of Privileges:

I request approval for the Clinical Privileges indicated on the attached form(s). I certify that I am competent to perform these requested privileges by virtue of my training and experience. I acknowledge that I have been furnished with a copy of the current Medical Staff By-laws and I hereby agree to abide by them. I agree to provide continuous care to my patients at the Carl Vinson VA Medical Center, Dublin, GA. I also signify my willingness to appear for an interview in regard to my application.

I understand that any medical staff member is authorized to do everything possible to save a patient's life or prevent serious harm, to the degree permitted by my license, regardless of department affiliation, staff category, or level of privileges.

I authorize the Carl Vinson VA Medical Center to consult with all persons or places of employment or education who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the privileges I have requested.

Albert W Morris Jr 03-25-09
Signature of Applicant Date

FOR OFFICE USE ONLY
Effective Dates:
From 05/04/2009
To 05/03/2011

NAME: ALBERT W. MORRI^ JR, M.D.

FOR OFFICE USE ONLY
Effective Dates
From 05/04/2009
To 05/03/2011

CARL VINSON VA MEDICAL CENTER
DELINEATION OF PRIVILEGES

RADIOLOGY/NUCLEAR MEDICINE

Clinical privileges are granted to a member of the Medical Staff according to the definition of that specialty or subspecialty by the American Board of Medical Specialties. Clinical privileges shall be granted only upon evidence of completion of training necessary to qualify the physician for board certification in his practicing specialty or subspecialty as defined by the appropriate board and/or upon documented current competence in such clinical privileges.

Please check Item # 1 for those privileges you are requesting and Item # 2 for those privileges you are not requesting.

1 - Requested
2 - Not Requested
3 - Granted

Diagnostic Radiology: Written interpretation of radiological findings shall be rendered by physician members of the Department of Radiology certified or qualified by the American Board of Radiology in radiology or diagnostic roetgenology.

GENERAL DIAGNOSIS:

1 2 3
[1] [ ] [✓] Includes commonly accepted general procedures such as examinations of the gastrointestinal tract, biliary tract and urinary tract, etc., also includes arthrography, sialography, and bronchography. (Includes any procedures requiring fluoroscopy.)

ULTRASOUND:

[1] [ ] [✓] Full Privileges - Individuals who by training and experience, including possible certification by the appropriate specialty board, shall supervise and officially interpret ultrasound examinations, echocardiography (2D&M mode), doppler and duplex scanning.

[ ] [ ] [ ] Designate Privileges - Individuals who are gaining experience in ultrasound or who occasionally render emergency or urgent interpretations under the auspices of an individual with full privileges.

Applicant Signature: Albert W Morris Jr

NAME: ALBERT W. MORRIS JR, M.D.

SPECIAL PROCEDURES:

1 2 3
[ ] [X] [ ] Full Privileges - Physicians who have completed an approved subspecialty training program in radiological special procedures and are certified as competent by the head of the service under which the training was received. Privileges in this category include all venous, arterial catheter, and needle injections, myelograms, transhepatic cholangiograms, and interventional techniques.

[X] [ ] [ ] Designate Privileges - Individuals who occasionally perform special procedure exams as defined above. Such examinations shall be performed under the supervision of an individual with full privileges.

COMPUTED TOMOGRAPHY:

[X] [ ] [ ] Full Privileges - Physicians who have completed an approved training program encompassing computed tomography who have gained experience in this field and are certified as competent by the approving official.

[ ] [ ] [ ] Designate Privileges - Individuals who are gaining experience in computed tomography or who occasionally render emergency or urgent interpretations under the supervision of an individual with full privileges.

Nuclear Medicine: All individuals having privileges in Nuclear Medicine must be approved by the Radiation Safety Committee of the Medical Staff in conjunction with the Georgia Department of Human Resources and the hospital administration.

NUCLEAR MEDICINE:

[ ] [X] [ ] Full Privileges - Physicians who by training and experience have competence in all aspects of the diagnostic use of radionuclides. Such privileges are granted to physicians who use radionuclides in their practice on a continuing basis. They must be a designated user on the Institution License granted by the Georgia Department of Human Resources and be certified or eligible for certification by the American Board of Nuclear Medicine or American Board of Radiology - Special Competence in Nuclear Radiology.

[ ] [ ] [ ] Designate Privileges - Physicians who have some training and experience in the use of radionuclides and who are gaining further experience or who occasionally render emergency or urgent reports under the supervision of an individual with full privileges.

Applicant Signature: Albert W Morris Jr

NAME: ALBERT W. MORRIS JR, M.D.

OTHER PROCEDURES/MRI: Individuals desiring privileges in an area not outlined above or who desire specific privileges within one of the above categories should request such privileges in this section. Such requests should include documentation of experience, expertise, or competence in the area/procedure requested.

1	2	3
[✓]	[ ]	[✓] ~~Provide radiology services via remote access~~ MRI
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

I hereby request the privileges for the conditions/procedures in Radiology indicated above.

Albert W Morris Jr. — 03-25-09

Applicant Signature — Date

NOTE:

Talked to Dr Morris on phone about his delineating privileges and modified accordingly

4/25/09

APPROVAL OF CLINICAL PRIVILEGES

I hereby certify that I possess the necessary skill and expertise to justify granting of clinical privileges which I have

NAME: ALBERT W. MORRIS JR, M.D.

requested on the attached document. 03-25-09

(Signature) (Date)

FIRST ENDORSEMENT
FROM: Service Line Manager
TO: Chairman, Medical Executive Committee

1. After careful review and consideration of the applicant's credentials, I:

a. Have determined the following settings for the practice of this individual:

- ☐ Acute Care
- ☐ Intensive Care Units
- ☒ Radiology
- ☐ Behavioral Health
- ☐ Long Term Care
- ☐ Rehabilitation
- ☐ Telemedicine
- ☐ Outpatient Care (incl. LSU)
- ☐ Surgical Section
- ☐ Consult response in any setting
- ☐ Dental

Exceptions: _____

AND

☒ Recommend approval as requested.

☐ Recommend approval with the following deletions or modifications:
Deletions: _____
Modifications: _____

OR

b. ☐ Recommend disapproval. Reason: _____

2. Remarks: _____

4/20/09

(Signature) (Date)

SECOND ENDORSEMENT
FROM: Chairman, Medical Executive Committee
TO: Medical Center Director

1. Recommendations:

X Recommend approval of Service Line Executive's recommendation without changes.

_____ Recommend approval of Service Line Executive's recommendation as amended.

_____ Recommend disapproval of Service Line Executive's recommendation.
Reason: _____

2. Remarks _____

(Signature) (Date)

MEDICAL CENTER DIRECTOR'S ACTION

1. Approved/disapproved for appointment and privileges as recommended above.

2. Remarks: _____

(Signature) 5/4/09 (Date)

Morris, Albert W.

From: Morris, Albert W.
Sent: Monday, February 08, 2010 11:20 AM
To: Kumar, Kush
Subject: RE: CT Scan- URGENT

Dr. Kumar,

I called your office at 4:22 PM and received no answer. As you know, I have not read chest CT with or without contrast at this facility since my arrival. When approached by Bonnie West earlier this evening at about 3 pm about a patient for an emergency CT Pulmonary angiogram she was informed that I did not read this particular examination.

I spoke with Dr. Kahn at about 4:25 PM and he stated that his only request was that the patient be done and interpreted as soon as possible. He signed out the case to the Dr. on call who is Dr. Cintron.

I have paged you via the operator to discuss this examination. In the future, if it is STAT, for continuity of care there should be direct communication with me about the patient, as I do not customarily check e-mails at the end of the day.

Thanks,

Albert W. Morris, Jr., M.D.

From: Kumar, Kush
Sent: Friday, January 22, 2010 4:00 PM
To: Morris, Albert W.
Cc: West, Bonnie
Subject: CT Scan- URGENT

Dr. Morris,

There is a STAT CT-Pulmonary Angiogram. Kindly read and provide STAT report to Dr. Khan.
If you are not competent to read then please let me know ASAP

Kush Kumar, MD
Chief of Radiology &
Nuclear Medicine

Department: **Department Of Veterans Affairs**
Agency: **Veterans Health Administration**
Job Announcement Number:
557-09-057-JB

DETAILED VERSION CLOSE PRINT

Overview

Physician (Radiologist)

Salary Range: 96,539.00 - 275,000.00 USD per year

Series & Grade: VM-0602-0/0

Open Period: Thursday, January 01, 2009 to Thursday, December 31, 2009

Position Information: Full-Time Permanent

Duty Locations: 1 vacancy - Dublin, GA

Who May Be Considered:

Applications will be accepted from United States citizens and nationals.

Job Summary:

Nannette McClendon
other is Keisha

The Carl Vinson VA Medical Center is located on a beautiful campus in a community with excellent school systems. Employees who have worked for the Dublin VA for 2 years are eligible to apply for free tuition at Middle Georgia College for themselves, spouse and dependents.

***RELOCATION EXPENSES HAVE BEEN AUTHORIZED FOR THIS POSITION.**

***RECRUITMENT INCENTIVE MAY BE AUTHORIZED FOR THIS POSITION.**

****EDRP: The applicant selected for this position MAY BE eligible to apply for an education loan reimbursement award up to the maximum limitation under the provisions of the Education Debt Reduction Program. Eligibility to apply does not guarantee acceptance into the program. Approval for EDRP awards are subject to the availability of funding.**

Major Duties:
The selectee will be responsible for providing a full range of Radiology/Nuclear Medicine procedures and reports of interpretation as follows: Diagnostic Readings; Fluoroscopy, Ultrasound, Diagnostic and OBGYN; Nuclear Medicine, Doppler Vascular Studies; CT Scans; 3-D Image Manipulation; also responsible for understanding the aging process and to modify readings to accommodate the changes that occur with aging.

Qualifications:
Basic Requirements - (1) US Citizen (2) Degree of doctor of medicine or an equivalent degree resulting from a course of education in medicine or osteopathic medicine. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. (3) Licensure and Registration–Current, full and unrestricted license to practice medicine or surgery in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. (4) Must be proficient in spoken and written English. (5) Must be board eligible; board certification is preferred.

You must be a U.S. citizen to qualify for this position.

All applicants tentatively selected for VA employment in a testing designated position are subject to urinalysis to screen for illegal drug use prior to appointment. Applicants who refuse to be tested will be denied employment with VA. Appointment to a position will not be effected upon a verified positive drug test result.

Licensure and Registration - Current, full and unrestricted license to practice medicine or surgery in a State, Territory, or Commonwealth of the United States, or in the District of Columbia.

You must submit to and successfully pass a Special Agreement Check (fingerprints) before being appointed. Upon appointment, you will be required to successfully pass a background investigation.

Applicants for this position must pass a pre-employment medical examination.

How You Will Be Evaluated:
Management may interview candidates for this position and may elect to use the Performance Based Interviewing (PBI) process. If PBI is used, questions will be job-related, reasonably consistent and fair to all candidates. You can visit the following two web sites (1) http://www.va.gov/pbi (2) http://vaww.va.gov/ohrm/Staffing/PBI/PBI_Intr.htm to learn more about

PBI, frequently asked questions and aids to prepare for an interview. Additionally, printed reference material is available at each Human Resources Office

Benefits:

You may participate in the Federal Employees Health Benefits program, with costs shared with your employer. More info: http://www.usajobs.gov/jobextrainfo.asp#FEHB.

Life insurance coverage is provided. More info: http://www.usajobs.gov/jobextrainfo.asp#life

Long-Term Care Insurance is offered and carries into your retirement. More info: http://www.usajobs.gov/jobextrainfo.asp#ltci

New employees are automatically covered by the Federal Employees Retirement System (FERS). If you are transferring from another agency and covered by CSRS, you may continue in this program. More info: http://www.usajobs.gov/jobextrainfo.asp#retr

You will earn annual vacation leave. More info: http://www.usajobs.gov/jobextrainfo.asp#VACA

You will earn sick leave. More info: http://www.usajobs.gov/jobextrainfo.asp#SKLV

You will be paid for federal holidays that fall within your regularly scheduled tour of duty. More info: http://www.usajobs.gov/jobextrainfo.asp#HOLI

Opportunities are available in numerous locations and employees may transfer to new locations to further their career goals.

Qualified federal employees may be covered by our child care subsidy program or dependent care flexible spending account. Our human resources office can provide additional information on eligibility. More info: http://www.usajobs.gov/jobextrainfo.asp#CCRS

You can use Health Care Flexible Spending Accounts for expenses that are tax-deductible, but not reimbursed by any other source, including out-of-pocket expenses and non-covered benefits under their FEHB plans. More Info: http://www.usajobs.gov/jobextrainfo.asp#FSA

Other Information:
This job is being filled by an alternative hiring process and is not in the competitive civil service.

You must submit all required information by the closing date. If materials are not received, your application will be evaluated solely on the information available and you may not receive full consideration or may not be considered eligible.

The materials you send with your application will not be returned.

If you fax your application, we will not consider it.

Send only those materials needed to evaluate your application. Please do not place your application in a notebook or binder.

You will be required to serve a probationary period of 2 years.

How To Apply:
You must submit your application so that it will be received by the closing date of the announcement.

All applicants must submit a complete application package that includes a current CV; VAF 10-2850 (http://www.forms.va.gov/vha/Internet/VHARF/getformharness.asp?formName=vha-10-2850-form.xft), Application for Physicians; and OF-306

(http://www.opm.gov/forms/pdf_fill/cd0306.pdf), Declaration for Federal Employment. Applicants claiming veteran status must submit a DD214 (member 4 copy), VA Letter and SF-15 (http://www.opm.gov/forms/pdf_fill/SF15.pdf), if applicable. Applicants who fail to submit required documents by the stated due date may not receive full consideration for this vacancy. Applications should be mailed to the Carl Vinson VA Medical Center (05), ATTN: Human Resources, 1826 Veterans Blvd., Dublin, GA 31021. Applications may also be hand carried to the Human Resources Department.

If you are a current or former federal employee with reinstatement eligibility, you must submit a copy of your last Notification of Personnel Action (SF50) and a copy of your most recent Performance Appraisal.

Contact Information:

Julie M. Choate-Bell
Phone: 478-277-2753

Or write:
Department Of Veterans Affairs
Carl Vinson VA Medical
1826 Veteran's Blvd.
Dublin, GA 31021
US

What To Expect Next:

Once your complete application is received we will conduct an evaluation of your qualifications and determine your ranking. The most highly qualified candidates will be referred to the hiring manager for further consideration and possible interview. We expect to make a selection within 30 days of the closing date of this announcement. You will be notified of the outcome.

EO Policy Statement

The United States Government does not discriminate in employment on the basis of race, color, religion, sex, national origin, political affiliation, sexual orientation, marital status, disability, age, membership in an employee organization, or other non-merit factor.

Reasonable Accommodation Policy Statement

Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application and hiring process should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

DETAILED VERSION CLOSE PRINT

Send Mail

Send Mail to:
Department Of Veterans Affairs
Carl Vinson VA Medical

Albert W. Morris, M.D.
3236 Winddrift Circle
Memphis, TN 38125
[illegible]
(901) 672-8362 v

April 27, 2009

Dr Kumar
Ms. Joandreal Dixon
Carl Vinson VA Medical Center
1826 Veterans Boulevard
Dublin, GA 31021

This letter is a confirmation of our prior discussion this morning regarding the number of x-rays cases that I feel comfortable providing interpretation for within an 8 hour period. I have experience with reading up to 80 cases per day, with a variety of studies, including fluoroscopy, plain films, ultrasound, CT and MRI. Of course, adequate support personnel, high quality examinations, and an efficient system of interpretation and viewing is assumed, including films loaded on viewers or a digital system.

Many thanks,

Albert W. Morris, Jr., M.D.

ATTACHMENT

Patient Safety Advisory

Veterans Health Administration Warning System
Published by VA Central Office

AD09-10 August 4, 2009 ← my second day on the job

Item: Transmitted Radiology Images missing from Picture Archiving Communication Systems (PACS) display

Specific Incidents: A Radiologist noticed that one or more images of a study were missing from the Veterans Information Systems and Technology Architecture (VistA) Rad PACS Display. Upon further investigation, the same examination had two entries within VistA Imaging. Eight sites have reported the problem. There is the potential that significant diagnostic information may not be available to the Radiologist due to this issue. The missing images may be from any modality, but are most usually plain films.

General Information: VistA Imaging handles image data from many specialties, including cardiology, pulmonary and gastrointestinal medicine, pathology, radiology, hematology, and nuclear medicine. VistA Imaging's diagnostic image display software (VistARad) is used at selected VA facilities by radiologists for the online interpretation of images acquired from the listed specialties. The VistA Radiology/Nuclear Medicine software package automates the entire range of diagnostic and management functions performed in imaging departments, including order entry, registration of patients for exams, recording of reports/results, verification of reports on-line and displaying/printing results for clinical staff.

Images in VistA Imaging are indexed to radiology reports in the VistA Radiology/Nuclear Medicine software package. The index (called a stub report) is created when images arrive at VistA Imaging. If the images arrive simultaneous to other activities occurring in the VistA Radiology/Nuclear Medicine software, it is possible to create a second stub report for the same study. The first images that arrive at the VistA Imaging archive will be indexed to the first stub report and subsequent images will be indexed to the second stub report. As a result, the full set of images may not be visible in VistARad. The problem was found to exist for several years, but only recently reported. No images have been permanently lost due to this problem. This problem affects any medical center that sends images to VistA Imaging and interprets images from VistARad. For facilities that use a commercial PACS system, if the study is mis-indexed in VistA Imaging, and then transmitted to the PACS, it is likely the images may be missing in the commercial PACS.

Recommendations: Complete the following recommendations or implement other measures to achieve an equivalent or increased level of safety.

1. Until the software error is fixed, it is recommended that technologists not perform any actions within the VistA Radiology/Nuclear Medicine software package, such as the "Case Edit" function until they verify that at least one image for a study is visible on VistA Imaging Display.

2. If the study has not been deleted from the sending modality, the study can be deleted from VistA Imaging and re-transmitted from the modality. If the study cannot be re-sent from the originating modality, VistA Imaging Display can be accessed to review the missing images.

3. If assistance is needed to locate images missing from view, the facility's PACs Administrator or designee should contact the VA Service Desk (1-888-596-4357) or log a national Remedy™ help ticket.

4. The Patient Safety Manager is requested to document implementation of this Patient Safety Advisory on the VHA Hazardous Recalls/Alerts website within 30 days of the issue date. http://vaww.nbc.med.va.gov/visn/recalls/index.cfm.

5. For facilities using commercial PACS that receive images directly from imaging modalities, no action is necessary.

Source: Multiple VA Medical Centers

Add'l Information: The problem has been reported to the VA Office of Information and Technology (OI&T) for a remedial software patch. The expected date for software correction has not yet been determined.

Contacts: Jeanie Scott, VHA Office of Information IT Patient Safety at (518) 449-0692 or
Tom Bauld, VA National Center for Patient Safety at (734) 930-5861 or
Charles Anderson, MD, VHA Patient Care Services, Chief Consultant, Diagnostic Services at (919) 383-7874 x 260

Morris, Albert W.

From: Finn, Nomie G.
Sent: Friday, February 19, 2010 1:51 PM
To: Morris, Albert W.; Damineni, Raman
Subject: Re:

Thanks

From: Morris, Albert W.
To: Finn, Nomie G.; Damineni, Raman
Sent: Fri Feb 19 13:37:55 2010
Subject:

ATTACHMENT 1

Dr. Finn,

This is a follow-up of our brief conversation regarding an incident that occurred on Friday, January 22, 2010 regarding a patient for a STAT CT-Pulmonary angiogram. These are the events as I know them;

1 The chief radiology tech, Bonnie West told me at about 3 PM on the above date that there was a STAT CT-Pulmonary angiogram to be interpreted. I responded that I am unable to interpret that that specific type of examination (it is an interventional radiology procedure). She stated that she would ask Dr. Kumar how to handle this, and I returned to my customary Friday afternoon ritual of reviewing and signing as many reports as possible so that timely information would reach the providers without a weekend delay.

2. At 4:00 PM I was sent an e-mail from Dr Kumar stating "There is a STAT CT Pulmonary Angiogram. Kindly read and provide STAT report to Dr Khan. If you are not competent to read then please let me know ASAP"

3. Bonnie West came to my door at about 4:15 pm and said to me, "you may want to check your e-mail. You have a message". I stopped correcting reports and recovered the 4:00 PM e-mail from Dr. Kumar. I immediately called Dr. Kumar's office, and got no response. I then called the hospital operator, and had Dr. Kumar paged to my office number. While I waited to hear from Dr Kumar, I called Dr. Khan to alert Dr. Khan to the fact that I do not interpret this type of examination. He stated that his interest was in finding a way to diagnose the possible pulmonary embolus in this patient. He stated that Dr. Kumar was the person tasked to get this problem solved.

4. When I finished speaking with Dr. Khan and after not hearing from Dr. Kumar by phone or page, I walked outside of my office to ask the receptionist if she knew where Dr. Kumar was. She told me that he has just left via the back door of the department. I ran the entire radiology hall and ran outside to find Dr Kumar driving off from the hospital. I positioned myself in an area that he would need to pass to leave, and motioned for him to roll down his car window. I restated my conversation with Dr. Khan and the fact that since I have been at Carl Vinson, I have never interpreted a Pulmonary CT angiogram, and that I am not credentialed by the hospital to do so. He said "fine, just put it in an e-mail to me that you are incompetent to read these exams!" After this comment, Dr. Kumar drove off. I was astonished by his disregard for the health needs of this veteran.

5. I followed up with Dr. Khan on Monday, January 25, 2010 to find out how the patient was doing and Dr Khan told me that the scan was interpreted later on Friday evening about 8 or 9 pm and showed no evidence of pulmonary embolus.

This scenario is troubling to me for a number of reasons.

a. I do not interpret CT pulmonary angiograms. Dr Kumar is fully aware of this. This procedure is considered an interventional radiology procedure. I have not interpreted this procedure since I started my tenure at

this facility. No other existing member of the radiology department interprets CT pulmonary angiography. I was hired as a general radiologist, and no mention of any expectations to perform interventional procedures was ever discussed.

b. I am not credentialed by Carl Vinson Medical center to read pulmonary angiograms. It is not now nor has it ever been part of my scope of practice. If I had attempted to interpret this case I would have put the hospital and my credentials in jeopardy.
c. There is an alternate nuclear medicine procedure that could have been performed on this patient. It is called a ventilation and perfusion scan. It is considered to be a reasonable alternative to CT pulmonary angiogram and commonly performed at Carl Vinson VA Medical Center. This would have required Dr. Kumar to stay late and interpret this procedure.
d. If this patient had in fact been diagnosed with a pulmonary embolus and initiated litigation, Carl Vinson VA Medical Center would have potentially been liable for damages for medical negligence.
e. I would have potentially been sued or named in a lawsuit over something that I had absolutely nothing to do with. I have been a licensed physician for over 25 years, and have never been sued or named in a suit. My record is unblemished because I take malpractice implications seriously.
f. Instead of walking down the hall 50 steps to discuss or advise me of a STAT patient, I was notified via e-mail. This has NEVER before happened during my tenure at this facility. Radiology STAT requests are always delivered in person with a verbal alert that this is a STAT patient or with a phone call.

I guard my professional reputation jealously and feel that this hospital as well as the entire department can be seriously impacted by this type of behavior. The tenor of Dr. Kumar's initial e-mail clearly indicated that he was already aware that I did not interpret this specific examination. I believe that this type of behavior is a patient care issue, and deserves your highest priority.

Many thanks,

Albert W. Morris, Jr., MD
Staff Radiologist

Attachments:
Email from Dr. Kumar dated January 22, 2010
Review of Interventional procedure types from the RSNA (oldest radiology association in existence)

(I will bring the two attachments manually because I do not have a scanner in my office)

Morris, Albert W.

From: Morris, Albert W.
Sent: Thursday, February 11, 2010 11:13 AM
To: Finn, Nomie G.; Burgard, Jesse; Holness, Kenworth F.; Graham, Charles P; Upadhya, K.J.; Austin, Kirk O.; Senthilnathan, Selvaraj; Damineni, Raman
Subject: RE: Ad Hoc MEC

Many thanks to each of you who took time to meet with me yesterday and discuss the issues brought forth regarding the complement of services offered in the radiology department, and capabilities of general radiologists. Of course, there are many more issues that require swift intervention, but I felt that a number of misconceptions were resolved.

Many thanks for your time,

Albert w. Morris, Jr., M.D.
General Radiologist

From: Finn, Nomie G.
Sent: Wednesday, February 10, 2010 2:23 PM
To: Morris, Albert W.; Burgard, Jesse; Holness, Kenworth F.; Graham, Charles P; Upadhya, K.J.; Austin, Kirk O.; Senthilnathan, Selvaraj; Damineni, Raman
Subject: RE: Ad Hoc MEC

All discussed during the meeting

From: Morris, Albert W.
Sent: Wednesday, February 10, 2010 9:54 AM
To: Finn, Nomie G.; Burgard, Jesse; Holness, Kenworth F.; Graham, Charles P; Upadhya, K.J.; Austin, Kirk O.; Senthilnathan, Selvaraj; Damineni, Raman
Subject: RE: Ad Hoc MEC

Dr Finn,

I have not received the source documents that I was to receive from Dr. Kumar that describes what precipitated this meeting. I am ready to attend the meeting but need ample opportunity to review any source documents to be used for the purpose of this discussion.

How do I proceed?

-----Original Appointment-----
From: Clemons, Clifton **On Behalf Of** Finn, Nomie G.
Sent: Tuesday, February 09, 2010 2:33 PM
To: Burgard, Jesse; Holness, Kenworth F.; Graham, Charles P; Morris, Albert W.; Upadhya, K.J.; Austin, Kirk O.; Senthilnathan, Selvaraj; Damineni, Raman
Subject: Ad Hoc MEC
When: Wednesday, February 10, 2010 10:30 AM-11:00 AM (GMT-05:00) Eastern Time (US & Canada).
Where: MCR

Subj: Late ACRP Related Activity (CARL VINSON VAMC (557)) [#38472592]
03/16/10@09:29 14 lines
From: POSTMASTER In 'IN' basket. Page 1 *New*

The following activity occurred after the National Patient Care Database was closed for yearly workload credit but will be sent to the NPCD for historical accuracy of the database.

Activity: Creation/Editing of encounter
Entered By: MORRIS,ALBERT W
Entered On: Mar 16, 2010@09:29:31

Encounter Date: Sep 16, 2009@08:05 (#7087263)
Last NPCD Transmission: Encounter data never transmitted (#3948460)
Last NPCD Ack Received: Acknowledgement not received

Clinic: MRI SCAN
Patient: THOMPSON,WILLIE BRANTLEY (5799)

Enter message action (in IN basket): Delete//

ATTACHMENT 1

Subj: Late ACRP Related Activity (CARL VINSON VAMC (557)) [#38472786]
03/16/10@09:43 14 lines
From: POSTMASTER In 'IN' basket. Page 1 *New*

The following activity occurred after the National Patient Care
Database was closed for yearly workload credit but will be sent
to the NPCD for historical accuracy of the database.

Activity: Creation/Editing of encounter
Entered By: MORRIS,ALBERT W
Entered On: Mar 16, 2010@09:43:08

Encounter Date: Sep 22, 2009@10:46 (#7087366)
Last NPCD Transmission: Encounter data never transmitted (#3948508)
Last NPCD Ack Received: Acknowledgement not received

Clinic: MRI SCAN
Patient: WHITFIELD,DONALD (2727)

Enter message action (in IN basket): Delete//

Morris, Albert W.

From: Morris, Albert W.
Sent: Tuesday, October 18, 2011 4:44 PM
To: Damineni, Raman; Finn, Nomie G.
Cc: Buie, Wayne; Stewart, Janice
Subject: FPPE

This is a follow-up of the meeting that was just held with Dr. Finn, Dr Damineni, Ms. Conner, Ms. Hutchinson, and Dr. Buie. As I stated, I do not believe that the standard of 100% clinical review and 100% agreement with whatever radiologist have been selected to review my exams is a reasonable standard, and I certainly was not told of these caveats before returning to Carl Vinson. I believed that I would return and re-establish my seniority and position as a fully credentialed physician within the radiology department.

I am once again requesting that copies of all objective, written information regarding the reviews of my interpretations that have occurred in the past 2 years be given to me, and an opportunity for me to discuss these cases with the radiologists that reviewed them be scheduled within the next two weeks. It is imperative that this occur, even if it is necessary that I travel to them. I have no basis to change anything about my current performance without a chance to review these cases with the radiologists and develop an understanding of points of disagreement

I was promised an opportunity to review cases with radiologists in Augusta, and Atlanta when I came to this facility-this never happened. I have asked for this before and been promised that it will occur before. Please insure that a fair and equitable process exists, because I keep hearing that this is a new process and I am starting with a clean slate. If this is true, the FPPE process that I follow should be identical to the one followed by every other radiologist new to Carl Vinson Hospital.

Albert W. Morris, Jr., M.D.

Morris, Albert W.

From: Morris, Albert W.
Sent: Friday, September 23, 2011 1:50 PM
To: Damineni, Raman
Cc: Morris, Albert W.
Subject: RE: credentialing

Thanks. I need to complete information on vetpro, and need to make sure that it is accurate and complete.

From: Damineni, Raman
Sent: Thursday, September 22, 2011 4:50 PM
To: Morris, Albert W.
Subject: RE: credentialing

Sure , I will provide you with all the information.
I will meet with you next week and detail the process in written format
thanks

From: Morris, Albert W.
Sent: Thursday, September 22, 2011 4:32 PM
To: Damineni, Raman
Cc: dralmorris@aol.com
Subject: credentialing

As I complete the credentialing process, I need a copy of the findings that were produced by the evaluation process that was completed over the past 30 days. It is important because it will provide useful information to me about the current assessment made by the team that you selected for the evaluation. I also have not yet received any information about the design of the process that I completed, and the previously requested information regarding my current status, conditions, specific processes, and future implications have not yet been sent to me. Because of the myriad of misunderstandings and confusion in the past, I believe that it is prudent for us to outline the current status, and define my future course.

I understand how busy you must be, but ask that this information be provided so that the best possible outcome can be achieved.

Thanks much,

Albert W. Morris, MD

November 21, 2011

I am very concerned that I have not received critical information that was promised to me prior to beginning interpretation of radiology cases at Carl Vinson VA hospital in November, 2011. I was told unequivocally that I would receive copies of the prior evaluations, assessments, and findings related to the cases that I interpreted in August and September, 2011. Dr. Damineni agreed to provide this information in September, and I was to be given a chance to review the results before I starting the second FPPE process. I was initially told that I was undergoing the FPPE process when I reviewed the initial 100 plus cases in August and September, and was repeadly promised that the process would be defined, any metrics would be disclosed, and the results reported to me via a radiologist that had reviewed the films. None of the promised activities have happened.

I recently received communication from Annie Hutchinson in credentialing indicating that she could not provide the requested information to me and that I needed to go to apply under the freedom of information act to have this disclosed to me. Ms. Faye Mullis the privacy officer informed all concerned that the information that I have requested does not come under the FOIA, and it had been previously agreed to in writing and this appears to be a credentialing and privileging concern, possibly involving HR. This was dated November 10, 1022, yet I have received nothing. The only information that was provided regarding my work have been verbal comments from Dr. Damineni and Dr. Finn that they cannot fully explain being non-radiologists. I was forced to make critical decisions about requests for privileges, scope of practice, and volume of workload without first-hand critical, objective, and timely information. Without a chance for adequate review and verification, there is no critical basis to alter, adjust, modify or address any perceived deficiencies or level the playing field for a fair assessment.

I have performed my duties in good faith and in a manner that is responsive, responsible, competent and congruent. It is imperative that I receive this information, so that I will have a fair opportunity to reach the benchmarks that have been outlined. I believe that what I am asking is in the best interests of the veterans that depend on Carl Vinson VA hospital for service, and the vested interest that we all have in providing the best possible care to our veterans.

Sincerely,

Albert W. Morris, M.D.

Radiologist, Carl Vinson VA Hospital

Hutchinson, Annie

From: Hutchinson, Annie
Sent: Tuesday, November 08, 2011 12:32 PM
To: Morris, Albert W.; Buie, Wayne; Stewart, Janice
Cc: Damineni, Raman; Finn, Nomie G.; Clemons, Clifton
Subject: RE: Reminder

I must apologize for the delay in providing a response to your request. I have a response from Regional Counsel.
Please note:
If an individual doesn't specify under which process they are seeking information (e.g. union request for info, etc.), then the request is to be treated as a FOIA request and processed accordingly with any necessary redactions.
Faye Mullis is the Privacy Office. Please submit your request to Faye Mullis. It can be submitted by e-mail or Memo.
She can be contacted at Ext 3106.

From: Damineni, Raman
Sent: Thursday, September 08, 2011 10:30 AM
To: Hutchinson, Annie
Subject: FW: Reminder

From: Morris, Albert W.
Sent: Wednesday, September 07, 2011 4:58 PM
To: Damineni, Raman
Cc: Morris, Albert W.
Subject: Reminder

Dr. Damineni:

I know how busy you have been, but it has been three weeks since you agreed to provide to me information regarding my current status, specific conditions, and processes that will be followed after the end of my administrative leave period. We discussed many things, and we agreed that it is in everyone's best interest that it be organized, officially delineated, and a copy provided. As you know, the number of reviewed examination was unilaterally changed after the initial agreement with additional cases added, and significant changes to the process need to be discussed.

I understand that this situation is unique and requires thoughtful deliberation, but please make this a priority, so that I have specific and tangible benchmarks to gauge my progress and to insure a successful process.

Many thanks,

Albert W. Morris, M.D.
Radiologist

From: Dralmorris <dralmorris@aol.com>
To: Albert.Morris3 <Albert.Morris3@va.gov>; dralmorris <dralmorris@aol.com>
Subject: FPPE evaluation
Date: Tue, Oct 18, 2011 7:32 am

This is a follow-up of our meeting from Monday, Oct 17 at 3:45 in the building 6 conference room with Ivory Jones, Annie Hutchinson, Dr. Raman Damineni, and Dr. Nomi Finn. I had no notice of this meeting or any indication that I would be required to sign a document regarding additional monitoring of my clinical skills. After I arrived, I was given a document to sign, and was asked repeadly to sign it, regarding addition punative measures regarding any film interpretations done at the Carl Vinson VA medical facility. The benchmarks provided are virtually impossible to achieve, and certainly not sustainable. There was also a statement that there was an attachment, and not attachments were presented. In addition, references were made to the VHA handbook, that was not accessible, that needed review. I have also requested and not received official outcomes from prior evaluations, which I have yet to receive, and would have a significant bearing on how I could expect to be evaluated.

I respectfully request that this issue be reviewed with the Union representatives Dr. David Buie, and Jancies Stewart for discussion. Because of the imcompletness of this document, I cannot legally sign this document it at this time.

AWM

Department of
Veterans Affairs

Memorandum

Date: October 12, 2011

From: Associate Chief of Staff

Subj: Focused Professional Practice Evaluation (FPPE)

To: Dr. Morris, Radiologist

1. Review of your work has revealed that the quality of some of your interpretations of CT scans (primarily those of the head and spine) are not acceptable.

2. As a result, a Focused Professional Practice Evaluation (FPPE) will be conducted.

3. You are in the process of seeking clinical privileges, which are necessary for you to undergo the the FPPE. Please bear in mind that the continuation of any such clinical privileges depends upon the outcome of the FPPE.

4. Your productivity goals must be in line with the other colleagues in the department and facility demands.

Raman Damineni, MD
Associate Chief of Staff

I understand my duties and responsibilities under the FPPE Program:

I don't agree with these terms & sign under duress

Albert Marin 10-18-11

Signature of Practitioner under evaluation Date

I understand my duties and responsibilities under the FPPE Program:
As designated by service line manager

Signature of Supervisor/ designated
Service Line Manager Date

4. RECOMMENDATION AT THE END OF EVALUATION PERIOD:

Evaluation by Supervisor:

☐ Successful FPPE

☐ Unsuccessful FPPE

Signature of Supervisor/ designated
Service Line Manager Date

The provider under evaluation and the supervisor will sign this form stating that they understand their responsibilities.

(1) The Medical Executive Committee has chosen Dr. R. Damineni, ACOS, as your Supervisor throughout the review.

(2) The supervisor will provide a report not to exceed 120 working days.

3. Process & Expectations:

a) Based on the findings, an intense focus review (100%) of all your reports will be done.

b) The expectation is 100% acceptable readings/ interpretations blended with a total of no less than 312 RVUs per month.
Acceptable readings may have some minor discrepancies.
The expectation is that there are no major discrepancies with clinical implications.

c) **A review of your readings/ interpretations** of the films will be conducted at 30-day intervals not to exceed 120 working days.

d) The quality and competency will be monitored at 30-day intervals. Your readings/ interpretations will be evaluated by a radiological team.

e) At the end of the evaluation period a final review report will be done and submitted to the Medical Executive Committee for recommendation of appropriate privileges.

f) If at any time the supervisor validates that the practitioner under evaluation is performing in an unacceptable manner he must step in and discontinue the review. He will report incident immediately to the Chief of Staff .Additional action will be implemented in accordance with VA Handbook 5021, Part IV., Paragraph 15, VHA Handbook 1100.17, VHA Handbook 1100.18, and VHA Handbook 1100.19.

☐ Acceptable ☐ Unacceptable

Comments:_____
_____
_____
_____

CARL VINSON VA MEDICAL CENTER
FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

Practitioner: Albert Morris, MD	Service: Clinical Support	Section: Radiology
Privilege(s :) Radiology	Time Frame: Begins with performance of approved privileges not to exceed 120 working days.	

1. METHODOLOGY AND CRITERIA:

a. METHODOLOGY: Focused Professional Practice Evaluation (FPPE) is a service-specific process for obtaining additional information for a defined period of evaluation to confirm licensed independent practitioner (LIP)/Scope of Practice competence.

b. CRITERIA: Applicable Medical Staff approved FPPE criteria applicable to this review.

Service-specific criteria have triggered a question about competency.
Specific criteria:

1. Review of your work has revealed the quality of interpretation of the CT Scans (head and Spine) are not acceptable.

2. Not actively reading/ interpreting films for the past year.

2. RESPONSIBILITIES:

a. **Requirements**: This section will be completed by the Service Line Manager after an evaluation of all documentation of current competencies and is individualized to the needs of the particular practitioner.

Date: November 12, 2009
From: AFGE Local 1985
To: Medical Center Director
Subj: Letter of Objection

1. AFGE is registering a formal objection to Dr. Kumar as a supervisor.

2. He has had multiple grievances filed against him due to his abusive, rude, discourteous, and menacing behavior toward Radiology employees, in particular, females. He has habitually raised his voice in anger, pointed, and shaken his finger in the faces of employees despite their requests for him to stop such threatening behavior. He is condescending and disrespectful toward employees in his tone, his manner and his words.

3. He routinely bypasses the union by discussing work issues, threatening discipline and/or disciplining employees without affording them representation from AFGE or advising them of their right to same. He has demonstrated an anti-union animus and has shown himself to be devoid of the interpersonal skills and managerial attributes needed for supervision.

4. He has created a hostile working environment in Radiology which is adversely affecting the quality of patient care. AFGE intends to assist Radiology employees in filing hostile environment charges against the Agency.

5. For all of the above reasons, AFGE is recommending that Dr. Kumar not be continued as a supervisor beyond his probationary period.

6. If the medical center administration fails to remedy the situation in radiology, it is AFGE's intention to file charges with FLRA, EEO, VACO, congressional representatives, JCAHO and whatever forum may be needed to ensure he does not continue as a supervisor.

7. We urge your expeditious response to this situation.

Janice Stewart, president
AFGE Local 1985

Cc: Lawrence A. Biro
VA Southeast Network Director

Acting Deputy Under Secretary for Health
for Operations and Management

Gerald M. Cross, MD, FAAFP
Acting Under Secretary for Health

Sent: Monday, January 30, 2012 3:30 PM
To: Finn, Nomie G.
Cc: Goldman, John S. (Dublin) (SES)
Subject: Letter of No Confidence

Dear Dr. Finn,

We would like to bring to your kind attention again the constant hostile environment created by Dr. Kumar. His lack of honesty and integrity, together with his vindictiveness and mismanagement of the radiology department has reduced the morale and the productivity of the radiologists. We find it difficult to work with someone who is not trustworthy, lacks interpersonal, communication and management skills and has no mutual respect or understanding of radiologists' needs. Therefore we have no confidence in his ability to manage the Department, meet our needs effectively or advise and supervise us fairly and objectively.

Thank you for your consideration.

Raj Gupta, MD
Aida Karahmet, MD
Edward Silverman, MD

Department of
Veterans Affairs

Memorandum

Date: February 28, 2012

From: Chief of Staff (11)

Subj: Ongoing Professional Practice Evaluation (OPPE)

To: Dr. Albert Morris, Radiologist

1. The Executive Committee of the Medical Staff/ Credentialing & Privileging has reviewed the results of your Focused Professional Practice Evaluation (FPPE). You have demonstrated an acceptable level of professional competence, performance and conduct throughout the period of review.

2. The Committee has recommended an Ongoing Professional Performance Evaluation (OPPE). Your professional competence, performance and conduct will now be evaluated bi-annually.

3. Your productivity goals must be in line with the other colleagues in the department and facility demands.

Nomie G. Finn

Nomie Finn, MD
Chief of Staff

Attachment

ATTACHMENT 1

VA FORM 2105
MAR 1989

Dr. Morris
Copy

DEPARTMENT OF VETERANS AFFAIRS
Carl Vinson Medical Center
Dublin GA 31021

November 7, 2011

Albert Morris, MD
Specialty & Ancillary Service Line/Radiology
Carl Vinson VA Medical Center
1826 Veterans Boulevard
Dublin, GA 31021

Dear Dr. Morris:

The Medical Executive Committee for Credentialing and Privileging reviewed your request for a renewal appointment and privileges as a full-time, Radiologist, Specialty & Ancillary Service Line/Radiology, Carl Vinson VAMC, Dublin, GA. The Governing Body action is as follows:

REAPPOINTMENT AND RENEWAL OF PRIVILEGES APPROVED AS RECOMMENDED BY THE CHIEF OF STAFF (SUPERVISOR)

The original copy of your clinical privileges will be retained in the Quality Management Office. One copy of your approved clinical privileges is enclosed and an additional copy has been forwarded to your service.

The Medical Center Bylaws requires full documentation of continuing medical education at the time of reprivileging. The **continuing medical education credits must be related to the area and scope of your clinical privileges, and consistent with state licensure requirements.** During the next two years you should maintain a file of certificates for all continuing education in which you participate. You will be asked to either furnish these or a detailed description of the training and hours with your application for renewal of clinical privileges.

Per VHA Policy, MCM 00-371, Focused Professional Practice Review must be conducted on medical staff members.

Clinical privileges must be requested and reviewed and submitted to the Governing Body through the Medical Executive Committee. You will be provided a new application package prior to the expiration of your current privileges. **Your current clinical privileges will expire 05/03/2013.**

Thank you for your service to our nation's veterans.
Sincerely,
Ivory J. Jones
Ivory J. Jones
Program Specialist (00QM)

Enclosure
cc:
Specialty & Ancillary Service Line/Radiology